

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027434

FILED
Apr 27, 2012
Secretary of State**Entity Name:** TLO, LLC**Current Principal Place of Business:**4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431**New Mailing Address:****FEI Number:** 90-0466398**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUBNER, DEREK A ESQ
4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: TECHNOLOGY INVESTORS, INC.
Address: 4530 CONFERENCE WAY SOUTH
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEREK A. DUBNER

SEC

04/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date**GOVERNMENT
EXHIBIT**

CASE NO. EP11CR2728KC

EXHIBIT NO. **B (MTC)**

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**FILED**

DOCUMENT# P00000021159

Mar 15, 2013

Entity Name: TECHNOLOGY INVESTORS, INC.

Secretary of State**Current Principal Place of Business:**4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431**Current Mailing Address:**4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431

FEI Number: 65-0988349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:DUBNER, DEREK AESQ.
4530 CONFERENCE WAY SOUTH
BOCA RATON, FL 33431 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail Detail :**

Title	PD
Name	KUZY, MICHAEL J
Address	190 SE 19TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an other like empowered.

SIGNATURE: MICHAEL J KUZY

DIRECTOR

03/15/2013

Electronic Signature of Signing Officer/Director Detail_____
Date